

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13753	2. Fiscal Year Covered From: 7/1/04 Through 6/30/05
3. Name and address of person filing Name Bernadette Williams P.O. Box, Bldg., Room No., if any Ste # 11 Street 1501 Casho mill Rd. City Newark State De ZIP Code + 4 19711	4. Name, file number, and address of labor organization Name UFCW Local #27 Labor Organization File Number 515009 P.O. Box, Building and Room Number, if any Street 21 West Rd. City Touson State MD. ZIP Code + 4 21204
5. Position in labor organization Vice President/Regional Director	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Bernadette Williams

On

8-12-05

Date

302-292-6670 X13

Telephone Number

Name of Person Filing <u>Bernadette Williams</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name UFCW Tri-State Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code - 4

9 Business deals with

a Labor Organization

☒ b Trust

c Employer

10. If 9 b or 9 c is checked give trust or employer's name

Name UFCW Tri-State Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite # 100

Street 27 Roland Ave

City Mount Laurel

State NJ

ZIP Code - 4 08054-1056

11 a Nature of such dealing

IFEBP 2005 Membership dues.
International Foundation dues.
Tri-State Pension Fund dues.

11 b. Approximate dollar value of such dealing

\$48.08

12 a Nature of interest held or income received.

ATrustee Membership yearly dues.
To Foundation

12 b Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code - 4

14 a Nature of payment

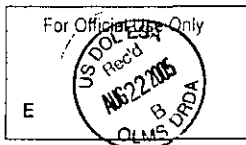
13 b. Is the Business an Employer or Consultant ?

14 b Amount of payment

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13753</u>	2. Fiscal Year Covered From: <u>7 / 1 / 2004</u> Through: <u>6 / 30 / 2005</u>
3. Name and address of person filing. Name: <u>Bernadette A Williams</u> P.O. Box, Bldg., Room No., if any: <u>Suite 11</u> Street: <u>1501 Casho mill Rd.</u> City: <u>Newark</u> State: <u>De</u> ZIP Code + 4: <u>19711</u>	4. Name, file number, and address of labor organization. Name: <u>UFCW Local #27</u> Labor Organization File Number: <u>515009</u> P.O. Box, Building and Room Number, if any: Street: <u>21 West Rd.</u> City: <u>Towson</u> State: <u>MD</u> ZIP Code + 4: <u>21204</u>
5. Position in labor organization. <u>Vice President / Regional Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)

Signed Bernadette Williams

On 8-12-2005
Date

302-292-6670 X13
Telephone Number

Name of Person Filing <u>Bernadette Williams</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

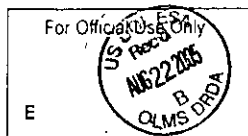
8. Name and address of Business (including trade name, if any). Name <u>United Food & Commercial Workers</u> Trade Name, if any: <u>Regional Pension Fund</u> P.O. Box, Bldg., Room No., if any _____ Street <u>Same</u> City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>UFCW Regional Pension Fund</u> Trade Name, if any: <u>SAME</u> P.O. Box, Bldg., Room No., if any <u>Suite #100</u> Street <u>27 Roland Ave.</u> City <u>Mount Laurel</u> State <u>NJ</u> ZIP Code + 4 <u>08054-1056</u>	11.a. Nature of such dealing. <u>yearly dues for Trustee 2005</u> 11.b. Approximate dollar value of such dealing. <u>\$85.71</u> 12.a. Nature of interest held or income received. <u>yearly dues 2005</u> 12.b. Amount. <u>\$85.71</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13753</u>	2. Fiscal Year Covered From: <u>7/1/04</u> Through: <u>6/30/05</u>
3. Name and address of person filing. Name <u>Bernadette A Williams</u> P.O. Box, Bldg., Room No., if any <u>St # 11</u> Street <u>1501 Casho Mill Rd.</u> City <u>Newark</u> State <u>De</u> ZIP Code + 4 <u>19711</u>	4. Name, file number, and address of labor organization. Name <u>UFCW Local #27</u> Labor Organization File Number <u>515009</u> P.O. Box, Building and Room Number, if any Street <u>21 West Rd.</u> City <u>Towson</u> State <u>md</u> ZIP Code + 4 <u>21204</u>
5. Position in labor organization. <u>Vice President / Regional Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Bernadette Williams</u>	On <u>8-12-05</u> Date	<u>302-292-6670 X13</u> Telephone Number

Name of Person Filing <u>Bernadette Williams</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

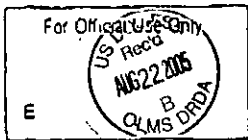
8. Name and address of Business (including trade name, if any). Name <u>Kick McGinley - VICE Pres / Labor Relations</u> Trade Name, if any <u>PATHMARK STORES, Inc.</u> P.O. Box, Bldg., Room No., if any _____ Street <u>200 Milk St.</u> City <u>Carteret</u> State <u>NT</u> ZIP Code + 4 <u>07008</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input checked="" type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Pathmark</u> Trade Name, if any: <u>Same as above.</u> P.O. Box, Bldg., Room No., if any _____ Street _____ City <u>SAME</u> State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>Business meal.</u> <u>Collective Bargaining Agreement.</u> 11.b. Approximate dollar value of such dealing. <u>\$34.00 including tip</u> 12.a. Nature of interest held or income received. <u>Business meal</u> 12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____

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LABOR ORGANIZATION OFFICER AND
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1. File Number U - <u>13753</u>	2. Fiscal Year Covered From: <u>7/1/04</u> Through <u>6/30/05</u>
3. Name and address of person filing Name <u>Bernadette Williams</u> P.O. Box, Bldg., Room No., if any <u>Ste # 11</u> Street <u>1501 Casho mill Rd.</u> City <u>Newark</u> State <u>DE</u> ZIP Code + 4 <u>19711</u>	4. Name, file number, and address of labor organization Name <u>UFCW Local #27</u> Labor Organization File Number <u>515009</u> P.O. Box, Building and Room Number, if any Street <u>21 West Rd.</u> City <u>Touson</u> State <u>md</u> ZIP Code + 4 <u>21204</u>
5. Position in labor organization <u>VICE President/Regional Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Bernadette Williams

On

8-12-05

Date

302-292-6670 X13

Telephone Number

Name of Person Filing *Bernadette Williams*

File Number U.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name *Jennings Segmon - Attorneys at Law*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *510 Walnut Street*
*Independence Square*City *Phila*State *PA* ZIP Code *419146-3683*

9 Business deals with

☒ a Labor Organization

b Trust

c Employer

10. If 8 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code

11 a Nature of such dealing

Xmas Basket
Christmas Present - Sweet Basket

11 b. Approximate dollar value of such dealing

75.00

12 a Nature of interest held or income received.

Xmas gift

12 b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code

14 a Nature of payment

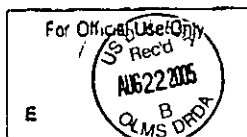
13 b. Is the Business an Employer or Consultant ?

14 b. Amount of payment

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13753</u>	2. Fiscal Year Covered From: <u>7/1/04</u> Through <u>6/30/05</u>
3. Name and address of person filing Name <u>BERNADETTE WILLIAMS</u> P.O. Box, Bldg., Room No., if any <u>Ste # 11</u> Street <u>1501 Casho Mill Rd.</u> City <u>Newark</u> State <u>DE</u> ZIP Code + 4 <u>19711</u>	4. Name, file number, and address of labor organization Name <u>UFCW Local #27</u> Labor Organization File Number <u>515009</u> P.O. Box, Building and Room Number, if any <u>515009</u> Street <u>21 West Rd.</u> City <u>Towson</u> State <u>md.</u> ZIP Code + 4 <u>21204</u>
5. Position in labor organization <u>Vice President / Regional Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount:

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Bernadette Williams</u>	On <u>8-12-05</u> <u>302-292-6670 X13</u> Date Telephone Number

Name of Person Filing <u>Suzanne Williams</u>	File Number U-
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E. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

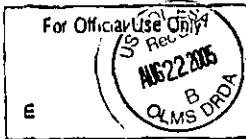
8 Name and address of Business (including trade name, if any) Name <u>O'Brien, Bellard + Bushinsky, LLC</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>2111 New Road, Suite 101</u> City <u>Northfield,</u> State <u>New Jersey</u> ZIP Code - 4 <u>08225</u>	9 Business deals with <input checked="" type="radio"/> a Labor Organization b Trust c Employer
--	---

10. If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code - 4	11 a Nature of such dealing <u>Xmas gift</u> <hr/> 11 b. Approximate dollar value of such dealing <u>100.00</u> <hr/> 12 a Nature of interest held or income received. <u>Xmas gift</u> <hr/> 12 b Amount.
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C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code - 4	14 a Nature of payment
13 b. Is the Business an Employer or Consultant ?	14 b Amount of payment

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1. File Number U - <u>13753</u>	2. Fiscal Year Covered From: <u>7/1/2004</u> through <u>6/30/2005</u>
3. Name and address of person filing Name <u>Bernadette Williams</u> P.O. Box, Bldg., Room No., if any <u>Suite #11</u> Street <u>1501 Cashmill Rd.</u> City <u>Newark</u> State <u>De</u> ZIP Code + 4 <u>19711</u>	4. Name, file number, and address of labor organization Name <u>NFCW Local #27</u> Labor Organization File Number <u>515009</u> P.O. Box, Building and Room Number, if any Street <u>21 West Rd.</u> City <u>Touson</u> State <u>MD</u> ZIP Code + 4 <u>21204</u>
5. Position in labor organization	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of interest, Transaction, or Income. 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Bernadette Williams On 8-12-05 302-292-6670 X13
Date Telephone Number

Name of Person Filing

Bernadette Williams

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name *UFCW Regional Pension Fund*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *27 Roland Ave Suite 100*City *Mount Laurel*State *NJ*ZIP Code - 4 *08054-1456*

9 Business deals with

a Labor Organization

☒ b Trust

c Employer

10. If 9 b or 9 c is checked give trust or employer's name

Name *UFCW Regional Pension Fund*

Trade Name, if any:

Reimbursements

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code - 4

11 a Nature of such dealing

*IFEBP Trustee + Administrator
Institute Registration fee
and hotel deposit for
2005 Benefits Conference
Fla.*11 b. Approximate dollar value of such dealing *\$885.00*

12 a Nature of interest held or income received.

*2005 Benefits Conference
Fla.*

12 b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code - 4

14 a Nature of payment

13 b. Is the Business an Employer

or Consultant

?

14 b Amount of payment

Name of Person Filing <u>Bernadette Williams</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>UFCW Regional Pension Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>27 Roland Ave Suite 100</u></p> <p>City <u>Mount Laurel</u></p> <p>State <u>NJ</u> ZIP Code + 4 <u>08054-1006</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>IFEBP Trustee + Administrator Institute</u> <u>Registration + hotel deposit</u> <u>\$1,205.00</u> <u>Reimbursed</u> <u>airfare, meals, expense</u> <u>891.00</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$2,096.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>2004 Benefits Conference</u> <u>Fla</u></p> <p>12.b. Amount. _____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. _____</p>